

The  
PHANTOM  
of the



**WEEEN**

**Ilva Romano Fund**  
**Jeannette Varela**  
**Richard Lawrence and Victor Elliott Rivera**

Cordially invite you to



**A Masquerade**



**Saturday October 24, 2009**

**8:00 PM**

**27 Star Island Drive Miami Beach, Florida**

**Costume: Venetian Masquerade**

**\$100.00 per Person**

To purchase tickets or for more information please contact:

Development UM ALS Research and Patient Care at

**305-243-1699 or 305-243-7400**

**100% of all proceeds go to ALS Patient Care at the University of Miami**



**Don't be fooled by other... "INVITATIONS" ...there is only one  
"WEEN" Celebrating its 17<sup>th</sup> Anniversary**

For Costumes and Accessories: ABC Costume Shop 305 573 5657 ask for Franco



**ALS Gala Benefit Dinner  
October 24, 2009**

**TICKET PURCHASE CONFIRMATION**

Thank you for supporting ALS Center Gala Benefit. The University of Miami / Miller School of Medicine will recognize the tax-deductible portion of your sponsorship. Please complete the information below so that we can ensure that materials recognizing your support are prepared to your satisfaction.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

VIP Tickets:                      Quantity \_\_\_\_\_ @ \$150.00 each Total \$ \_\_\_\_\_  
 Tickets:                              Quantity \_\_\_\_\_ @ \$100.00 each Total \$ \_\_\_\_\_

Enclosed is a check (Payable to UM ALS Research) for \$ \_\_\_\_\_

Or charge my ( ) AMEX ( ) MasterCard ( ) Visa Account # \_\_\_\_\_

EXP DATE: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Authorized

Signature: \_\_\_\_\_

**Return this form to:  
 Susan Fox-Rosellini, Director of Development  
 Mailing address: 1120 NW 14<sup>th</sup> Street, Suite # 1306, Miami, Florida 33136  
 or fax 305-243-1249 or email srosellini@med.miami.edu or  
 phone # 305-243-1699 or 305 243 1388**